

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16992

State File No. ....

Registrar's No. 2320

FILED JUN 7 1943

Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson County  
(b) City or town Kansas City Mo.  
(c) Name of hospital or institution: 650 W 67th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
In this community 10 days  
years, months or days

3. (a) PRINT FULL NAME Frank H. Jenkins

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife ETTA J. Jenkins  
7. Birth date of deceased Feb 25 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 24 Days 24  
If less than one day hr. min.

9. Birthplace Joe Davis (City, town, or county) Joe (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business  
12. Name Alexander Upham  
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)  
14. Maiden name Mary Ann Timms  
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Harry B. Jenkins  
(b) Address 650 W 67th Kansas City Mo  
17. (a) INTERMENT (Burial, cremation, or removal) INTERMENT (b) Date thereof May 21 1943  
(Month) (Day) (Year)  
(c) Place: burial or cremation FORT ST. HILL AVE

18. (a) Signature of funeral director J. M. Brown  
(b) Address 1101 N. Kansas  
19. (a) 5-20-43 (b) J. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Sedgewick  
(c) City or town Wichita  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1212 N Broadway  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19  
year 1943 hour 10 AM minute M.  
21. I hereby certify that I attended the deceased from 1942 19 to May 19 1943  
that I last saw him alive on and that death occurred on the day and hour stated above.  
Immediate cause of death.

Cardiac dilatation

Due to

Arterial Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 75 C

Major findings:

Of operations No

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature James J. Ferguson (M. D. or other)  
Address 410 Bryant Ave Date signed 7/21/43

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

*James Ferguson*